

WALES GENERAL OPHTHALMIC SERVICES (WGOS)

SERVICE MANUAL: WGOS 1 & 2

IMPLEMENTATION DATE: 20 OCTOBER 2023

This manual outlines a structure allowing the delivery of WGOS 1 & 2.

It supports the delivery of the WGOS levels to ensure uniformity of expectation for the people of Wales.

It is not a replacement for professional judgment or responsibility.

Useful links:

For most up-to-date version of this WGOS Clinical Manual	www.eyecare.wales.nhs.uk
How to register to provide WGOS	www.eyecare.wales.nhs.uk
Training, courses, and assessments queries	heiw.optometry@wales.nhs.uk
Payment and registration enquiries	nwssp-primarycareservices@wales.nhs.uk
Questions relating to WGOS	GOSWClinical.Lead@wales.nhs.uk

Warning:

This may not be the latest version if you downloaded or printed the document.

Please check www.eyecare.wales.nhs.uk for the current version.

This manual is issued in advance of regulatory reforms to be laid by Welsh Government in the Senedd in September 2023. Please check www.eyecare.wales.nhs.uk for amendments after the regulations are laid.

WGOS Service Information



The aim of WGOS is to enable more patients to be managed in primary care, reducing secondary care demand.

Primary eyecare services will be delivered through five service levels.

Following legislative changes in 2023, Wales General Ophthalmic Services (WGOS) replaced General Ophthalmic Services (Wales) (GOS[W]), Eye Health Examination Wales (EHEW), Low Vision Services Wales (LVSU), and many various local enhanced service pathways¹.

The following documents form the basis for the legislative changes.

- [A Healthier Wales: Together for Health 2017](#)
- [A Future Approach for Optometry Services 2021](#)
- [Minister's statement Autumn 2022](#)

The introduction of WGOS unified the service architecture, governance and evaluation across Wales to provide care closer to home and ensure that people only attend secondary care when required.

WGOS is a tiered service comprising of:

- **WGOS 1** – an eye examination comprising of a sight test (as defined by the [Opticians Act 1989 \(legislation.gov.uk\)](#) with embedded prevention and well-being provision to create a patient management plan specific to the patient.
- **WGOS 2** – three distinct eye care services to be completed in primary care:
 - Band 1: Acute eye care and to accept referrals from another healthcare professional;
 - Band 2: Further examination to inform or prevent a referral; and
 - Band 3: Follow up to Band 1 and Post Cataract Assessment.
- **WGOS 3** – enables patients who would benefit from optical and non-optical aids as well as holistic rehabilitation support (including sight impairment registration) and advice to access a low vision service in / close to their place of residence. WGOS 3 also includes Certification of Vision Impairment (CVI(W)).
- **WGOS 4** – a service where patients who would previously have been referred to/or managed in the Hospital Eye Service (HES) instead remain in primary care for further enhanced assessment as part of an agreed referral refinement or monitoring pathway.
- **WGOS 5** – provision of eye care services in primary care that require an independent prescriber Optometrist/OMP to manage, treat and monitor patients to prevent onward referral.
- **WGOS Optical Vouchers** – provision of optical appliances.

¹ Diabetic Eye Screening Wales (DESW) remains distinct from WGOS and is overseen by Public Health Wales (PHW)

The manual will be reviewed in accordance with legislative direction, on an annual basis with changes made in according to the need of the service.

Whilst a once-for-Wales approach is desired for uniformity of expectation and outcome for patient, it is acknowledged that innovation to meet patient need at Cluster or Health Board level may result in local variation in future. Variation will be justified and agreed at WGOS Board following recommendations by Clusters, Health Boards, Regional Optical Committees and Optometric Advisors. Practitioners should ensure that they are aware of such pathways and their protocols / guidelines.

All Contractors offering and every Performer delivering WGOS services will be notified of any changes to the manual via email. The Contractor has a responsibility to ensure that anyone working on their behalf are also made aware of any changes that are communicated.

Providing and Performing Mandatory WGOS 1 & 2



A Contractor must hold a Service Agreement with the appropriate Health Board to provide WGOS in that area.

To perform WGOS, Optometrists, OMPs and Student Optometrists must be on the Wales Ophthalmic List.

To perform WGOS 2: Band 1(acute anterior eye problem) and WGOS 2: Band 3 (follow up to a Band 1 acute anterior eye problem), a CLO must be on the Wales Administrative List.

The NHS Wales Shared Services Partnership (NWSSP) provides ‘shared services’ to support the seven Health Boards (HBs) of NHS Wales. They provide the Health Boards with contractor services for primary care, including contracts and lists management, payment processing and post-payment verification, and clinical leadership. The Wales Ophthalmic List and Administrative List are held and maintained by NWSSP. It acts on behalf of all the Health Boards in Wales.

To provide WGOS:

- A Contractor must hold a Service Agreement with the appropriate Health Board
- Every Optometrist, OMP and Student Optometrist must be included on the Wales Ophthalmic List

Additionally, to note:

- Contact Lens Opticians who perform WGOS 2 must be listed on the Wales Administrative List

- Dispensing Opticians who perform WGOS 3 Low Vision Service must be listed on the Wales Administrative List
- Contact Lens Opticians and Dispensing Opticians and who do not perform WGOS 2 or WGOS 3 can apply to be listed on the Wales Administrative List

NOTE that having a WGOS Service Agreement and performing WGOS are not the same thing. A practice owner with a WGOS Service Agreement as a Contractor must also be on the Wales Ophthalmic List to be able to perform WGOS.

Service Agreements to provide WGOS



Contractors on the Wales Ophthalmic List must provide WGOS 1 and 2.

Where a Contractor dispenses optical appliances, they must be able to offer the option of an NHS Wales fully funded basic optical appliance to patients who are eligible for a WGOS Optical Voucher.

Contractors and Performers must keep their list information up to date.

To end the Service Agreement, the Contractor should give the Health Board at least three months' notice that they wish to withdraw from the Ophthalmic List.

Any Contractor wishing to provide WGOS must apply (via NWSSP) to the appropriate Health Board to be included on the Ophthalmic List. The Contractor must also agree to the terms of service.

All Contractors must have a WGOS Service Agreement for every Health Board in which they wish to provide services.

A Contractor who delivers WGOS from a fixed premises and also delivers WGOS in a mobile setting, must have a Mobile Service Agreement.

NOTE Providers must ensure that they hold the appropriate Service Agreement for the setting in which they are delivering the WGOS episode.

To provide and to ensure equitable access to eye care services, it is mandatory, under the terms of service that all Contractors on the Wales Ophthalmic List provide WGOS 1 and WGOS 2.

Where a Contractor dispenses optical appliances, they must be able to offer the option of an NHS Wales fully funded basic optical appliance to patients who are eligible for a WGOS Optical Voucher.

The Contractor must comply with their Service Agreement in stating the hours in which they will deliver WGOS 1 and WGOS 2 (referred to as the 'Contractor Core Hours')

When a new WGOS Service Agreement is issued by the Health Board, the Contractor will be issued with a number. This number must be included on all WGOS claim submissions, so that the Contractor is paid appropriately.

AMENDMENTS TO THE WGOS SERVICE AGREEMENT

Contractors must notify the Health Board via NWSSP of any relevant changes in their circumstances, in particular any changes in the information supplied in the original application or information published about them. Different periods of notification apply in different circumstances (See table for examples of when the Health Board are required to be notified and the time frame):

Health Boards must be notified when there are:	Notification period
<ul style="list-style-type: none">Changes to the declaration made by the Contractor <i>e.g. criminal conviction, caution, being charged with a criminal offence, any investigation by their licencing body and their outcome of any investigation, an investigation by Counter Fraud Services and any outcome, an investigation by another Health Board which may lead to removal, or if they have been removed, contingently removed or suspended from, or refused admission to, or conditionally included on any other equivalent list</i>	7 days
<ul style="list-style-type: none">Change in the application prior to being awarded a WGOS Service Agreement	7 days
<ul style="list-style-type: none">Change(s) or addition(s) affecting the details on the Wales Ophthalmic List	14 days

Any significant interruption in the provision of WGOS, for example through illness, must be notified to the Health Board via NWSSP, except for statutory or accepted seasonal or religious holidays.

To end a WGOS Service Agreement, the Contractor must withdraw their name from the Wales Ophthalmic List. In such instance, the Health Boards must be given at least three months' notice, although this period can be made shorter by mutual agreement. The Contractor should complete the Change in Status form, available from NWSSP.

PRACTICE RELOCATION

Where a Contractor wishes to relocate its premises to a different location, the Health Board must be given at least 3 months' notice, although in exceptional instances e.g. flooding of the practice, this period can be made shorter by mutual agreement. Contractors should complete the Change in Status form, available from NWSSP.

NHS Wales Ophthalmic List



Contractors and Performers must keep their list information up to date.

An Optometrist / OMP / Student Optometrist wishing to be withdrawn from the Wales Ophthalmic List is required to give the Health Board at least three months' notice.

Student Optometrists can assist in the provision of WGOS to the extent that they are deemed competent to do so and under the supervision of an Optometrist / OMP whose name is included on the Wales Ophthalmic List.

A newly qualified and/or registered Optometrist cannot provide WGOS even under supervision until their status on the Wales Ophthalmic List has been updated.

To perform WGOS, the Optometrist / OMP / Student Optometrist must be on the NHS Wales Ophthalmic List.

There are two parts to NHS Wales Ophthalmic List:

- Ophthalmic List: Contractors providing WGOS
- Supplementary List: Optometrist / OMPs / Student Optometrists assisting in provision of WGOS

APPLICATION TO JOIN THE NHS WALES OPHTHALMIC LIST

To join this list, the Optometrist / OMP / Student Optometrist should apply to the Health Board via NWSSP (being on an Ophthalmic List in any England, Scotland or Northern Ireland does not allow an Optometrist / OMP / Student Optometrist to perform WGOS, and vice versa). The Optometrist / OMP / Student Optometrist will be required to complete a [form](#) and will be asked to demonstrate that they:

1. Are registered with the General Optical Council or General Medical Council ;
2. Are appropriately trained / qualified to deliver WGOS 1 and 2;
3. Meet the necessary criteria to be listed on a Health Board Ophthalmic List in Wales.

This will include completing the following mandatory WGOS training:

- a. Wales General Optometry Services – a guide ;
 - b. Sharps training and disposal, including infection, prevention and control ;
 - c. Quality Improvement training ; and
 - d. Making Every Contact Count (MECC) training ;
4. Have had an Enhanced Disclosure and Barring Service (DBS) Check within the last 6 months;
 5. Have Indemnity Insurance; and
 6. Are able to work in the UK.

The Health Boards will request two references from referees who can provide a clinical reference relating to two recent (within the last 2 years) clinical posts as an Optometrist / OMP / CLO / DO which

lasted at least three months without a significant break. The referees should not be related to the applicant. If this is not possible, a full explanation must be given.

NOTE Where an applicant wishes to use a reference from a registrant that they have previously supervised, the referee must have worked alongside the applicant in a clinical capacity for at least three months after their date of GOC registration.

Once admitted to the Wales Ophthalmic List, a practitioner can provide WGOS for a Contractor in any area of Wales.

MAINTENANCE OF THE WALES OPHTHALMIC LIST

Optometrist / OMP / Student Optometrist must inform the Health Board via NWSSP if their details change, e.g., if they move house. This will ensure that their contact details are kept up to date, and that they are able to receive communications.

Optometrist / OMP / Student Optometrist are also required to notify the Health Board of any relevant changes in their circumstances, in particular any changes in the information supplied in the original application or information published about them. This might include, for example, a finding against an Optometrist / OMP / Student Optometrist following an investigation by a regulator such as the GOC. (See table for examples of when the Health Board are required to be notified and the time frame):

Health Boards must be notified when there are:	Notification period
<ul style="list-style-type: none">Changes to declaration made by the Optometrist / OMP / Student Optometrist <i>e.g. criminal conviction, caution, being charged with a criminal offence, any investigation by their licensing body and their outcome of any investigation, an investigation by Counter Fraud Services and any outcome, an investigation by another HB which may lead to removal, or if they have been removed, contingently removed or suspended from, or refused admission to, or conditionally included on any other equivalent list</i>	7 days
<ul style="list-style-type: none">Change in the information recorded about the Optometrist / OMP / Student Optometrist in the Wales Ophthalmic List <i>e.g. Change of name, address, contact details, place of practice, additional qualifications</i>	28 days

WITHDRAWAL FROM THE WALES OPHTHALMIC LIST

If an Optometrist / OMP / Student Optometrist wishes to withdraw from the Wales Ophthalmic List, they must give the Health Board via NWSSP three months' notice, although this can be made shorter by mutual agreement.

An Optometrist / OMP / Student Optometrist may be removed from the Wales Ophthalmic List if they have not performed WGOS during a 12-month period anywhere in Wales. NWSSP will notify the

Optometrist / OMP / Student Optometrist accordingly. Any Optometrist / OMP / Student Optometrist removed from the Wales Ophthalmic List in this way is not allowed to perform WGOS work before their relisting has been completed. Note that re-listing may take several weeks.

Wales Administrative List



Contractors, and Performers must keep their list information up to date.

Contractors have a duty to ensure that the Health Board are aware of all registrants that work at their practice.

A Contact Lens Optician who wishes to provide an acute anterior eyecare service under a WGOS 2: Band 1 and or WGOS 2: Band 3 must be on the Wales Administrative List.

A Dispensing Optician who wishes to provide a Low Vision Service under WGOS 3 must be on the Wales Administrative List.

Contact Lens Opticians and Dispensing Opticians performing WGOS 2 and/or WGOS 3 who wish to withdraw from the Wales Administrative List should give the Health Board at least three months' notice.

APPLICATION TO JOIN THE NHS WALES ADMINISTRATIVE LIST

CLOs and DOs working for a Contractor offering WGOS, may apply to join the Wales Administrative List by application to [NWSSP](#). The CLO / DO will be required to demonstrate that they:

1. Are registered with the General Optical Council
2. Meet the necessary criteria to be listed on a Health Board Administrative List in Wales.
This will include completing the relevant mandatory WGOS training as provided by HEIW.

A CLO or DO wishing to perform WGOS 2: Band 1, WGOS 2: Band 3 and/or WGOS 3: Low Vision Service, must be on the Wales Administrative List and must also:

- Be able to demonstrate that they are appropriately trained / qualified to deliver WGOS 2 and / or WGOS 3
- Have Indemnity Insurance to provide for the extended responsibilities involved in the delivery of WGOS 2 and/or 3
- Be able to provide two clinical references relating to two recent (within the last 2 years) clinical posts as a CLO / DO which lasted at least three months without a significant break. The referees should not be related to the applicant. If this is not possible, a full explanation must be given.
- Have had an Enhanced Disclosure and Barring Service (DBS) Check within the 6 months leading up to being approved by the Health Board to provide the service

MAINTENANCE OF THE NHS WALES ADMINISTRATIVE LIST

CLOs and DOs should inform the Health Board via NWSSP if their details change, e.g., if they move house. This will ensure that their contact details are kept up to date, and that they are able to receive communications.

CLOs and DOs should also notify the Health Board of any relevant changes in their circumstances, in particular any changes in the information supplied in the original application or information published about them. This might include, for example, a finding against a CLO or DO following an investigation by a regulator such as the GOC. (See table for examples of when the HB are required to be notified and the time frame):

Health Boards must be notified when there are:	Notification period
<ul style="list-style-type: none">• Changes to declaration made by the CLO / DO <i>e.g. criminal conviction, caution, being charged with a criminal offence, any investigation by their licensing body and their outcome of any investigation, an investigation by Counter Fraud Services and any outcome, an investigation by another HB which may lead to removal, or if they have been removed, contingently removed or suspended from, or refused admission to, or conditionally included on any other equivalent list</i>	7 days
<ul style="list-style-type: none">• Change in the information recorded about the CLO / DO in the Wales Administrative List <i>e.g. Change of name, address, contact details, place of practice, additional qualifications</i>	28 days

WITHDRAWAL FROM THE NHS WALES ADMINISTRATIVE LIST

If a CLO / DO wishes to withdraw from the Wales Administrative List, they should give the Health Board via NWSSP three months' notice, although this can be made shorter by mutual agreement.

Employment of staff to deliver WGOS



Contractors must ensure that the practitioner performing WGOS on their behalf has the correct credentials to deliver the service.

Contractors and Performers are liable for all acts and omissions of staff working under their supervision (including Student Optometrists).

Contractors have a duty to ensure that the Health Board are aware of all registrants that work at their practice or in their Mobile Service.

Under the regulations, Contractors have the responsibility to check that the practitioners performing WGOS on their behalf are:

1. registered with the General Optical Council or General Medical Council
2. listed on the Wales Ophthalmic List or Wales Administrative List
3. suitably trained and listed with NWSSP to deliver the WGOS episode being performed and claimed

DELEGATION

Delegation is when you ask a colleague to provide care or undertake a procedure on your behalf. When a Performer delegates care under WGOS, they are still responsible for the overall management of the patient and must ensure that the patient receives the same standard of care that they would provide. They must be satisfied that the person to whom they delegate has the skills and experience to provide the relevant care or undertake the procedure. They must remain on the premises so they may intervene if necessary. The Performer must not ask someone who is not suitably qualified to interpret any clinical findings. The Performer must explain to the patient that they are delegating a particular part of their care to a colleague and that they will discuss any clinical findings with the patient. The Performer must not delegate any part of the protected functions of sight testing, including any part that would be regarded as assessing the patient or exercising professional judgement, other than to someone who is registered to perform the protected function and included on the Wales Ophthalmic List.

STUDENT OPTOMETRISTS

To assist in the provision of WGOS (to the extent they are qualified to do so), a Student Optometrist must:

1. be listed on the Wales Ophthalmic List

2. work under the supervision of an Optometrist / OMP whose name is included on the Wales Ophthalmic List and is registered to deliver the WGOS episode being performed and claimed

The supervisor should assess the capability of the student so that they can tailor supervision to the pre-registration's level of competence.

The supervisor must be on-site to be able to claim for the WGOS episode and comply with all requirements above.

NOTE a Student Optometrist who becomes registered as a qualified Optometrist but has not yet been entered onto the Wales Ophthalmic List may not perform WGOS 1 and 2 even under supervision. Such an Optometrist may only carry out non-WGOS work, such as private sight tests, other private work such as contact lens fittings and checks until they have been admitted to the Wales Ophthalmic List as an Optometrist.

Qualifying for WGOS 1 & 2 based on residency



Eligibility criteria differ depending on the WGOS level.

A patient is required to be eligible on the date the service is being provided.

WGOS 1 and 2 are available to all individuals, regardless of where they reside, providing they meet at least one of the eligibility criteria.

WGOS 1 and 2 is not limited to those individuals who ordinarily reside in Wales or are registered with a GP in Wales.

Mobile Services



To provide WGOS as a mobile service, the Contractor must have a Mobile Service Agreement with the Health Board aligned to the location where the service is to be delivered.

Patients are entitled to a mobile service if they are WGOS qualifying patients whose circumstances relating to their physical or mental illness or disability make it impossible or unreasonable for them to receive primary ophthalmic services at a registered premises.

The reason for requiring a Mobile service must be documented on the claim form as well as on the record.

Hospital in-patients are not entitled to a WGOS mobile service.

A Contractor may only provide WGOS as a mobile service if:

- they hold a Mobile Service Agreement with the relevant Health Board
- the patient or their carer's request a mobile service

and

- the patient's circumstances relating to their physical or mental illness or disability make it impossible or unreasonable for them to receive primary ophthalmic services at a registered premises.

When claiming for a Mobile Service payment, the patient must state the reason circumstances relating to their physical or mental illness or disability make it impossible or unreasonable for them to receive primary ophthalmic services at a registered premises. It is the patient's or their carer's responsibility to provide a reason why the patient requires a Mobile service, not the Contractors. This must be documented on the claim form and the record card. Terms like 'housebound', 'immobile', 'wheelchair-bound' or 'resident of a home' are insufficient.

WGOS cannot be delivered in Hospitals, Prisons, or secure units. The provision of eye care in these settings sit outside the scope of WGOS and health boards may have their own service agreements.

WGOS currently cannot be delivered in Special Schools. This pathway is currently under development and will be launched in due course.

Remote Consultations



WGOS may be delivered as a remote service, however where an examination / assessment is required which involves the use of specialised equipment, these must be completed in a face-to-face consultation where the patient and practitioner are in the same room.

In principle components of WGOS episodes may be delivered remotely e.g. pre-visit history and symptoms, pre-visit triage to assess degree of urgency.

If the WGOS episode or patient's symptoms requires the practitioner to complete an examination / assessment using specialised equipment, these must be completed in a face-to-face consultation, where the patient and practitioner are in the same room.

The practitioner should use their professional judgement to decide whether it is in the patient's best interest to offer components of a WGOS episode remotely.

Although components of WGOS can be delivered remotely a full WGOS 1 cannot be fully completed remotely.

WGOS Access



All patients should have equal access to eyecare services.

Refusal of service cannot be on the grounds of any protected characteristic listed in The Equality Act 2010 nor on the patient's medical and/or ophthalmic condition.

The Contractor may only refuse to provide relevant services to the eligible patient if they have reasonable grounds to do so. Reasonable grounds may not relate to the eligible patient's:

- Age
- Disability
- Gender Re-assignment
- Marriage or Civil Partnership
- Pregnancy & Maternity
- Race
- Religion or Belief / Non belief
- Sexual Orientation
- Sex (Gender)
- Medical condition
- Ophthalmic condition

A Contractor may refuse to see an eligible patient for safety reasons or where there is a break-down in the patient-practice relationship, including incidents relating to violence, including all forms of harassment and abuse against staff. The Health Board must be notified of such instances.

Duty of Candour



Contractors are required to notify the Health Board when the Duty of Candour has been triggered for an incident involving an NHS patient

In accordance with The Health and Social Care (Quality and Engagement) [Wales] Act 2020, providers of WGOS have a Duty of Candour to follow a process when a service user suffers or may suffer an adverse outcome which has or could result in unexpected or unintended harm that is moderate and above (see table below) and the provision of healthcare was or may have been a factor.

Level of Harm	Description	Example
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Moderate	A service user experiences a moderate increase in treatment and significant but not permanent harm, and the care provided by the NHS did or may have contributed.	<ol style="list-style-type: none"> 1. Patient slipped in practice as the floor was wet resulting in a broken arm which required surgery and hospital admission 2. Patient diagnosed with retinal tear at optometry practice. Referral not completed. Patient presents 2 weeks later with retinal detachment (macula on)
Severe	A service user experiences a permanent disability or loss of function, and the NHS care did or may have contributed.	<ol style="list-style-type: none"> 1. Patient under the care of HES. Last seen 6 months ago for anti-VEGF injections. Patient was not called back for follow up. VA dropped from 6/12 to 6/60 2. Patient asked to return for repeat visual fields by Optometrist / OMP. Test repeated but not shared with Optometrist / OMP therefore no referral was made. Patient presents 1 year later with advanced field loss
Death	A service user dies, and the NHS care did or may have contributed to the death.	They are given medication despite this being documented in their notes as an allergy, and this leads to their death

PROCESS

Duty of Candour Procedure:

Duty of Candour Procedure



Llywodraeth Cymru
Welsh Government

Notification

On first becoming aware the duty has been triggered, (which is the start date for the Duty of Candour procedure), the NHS body must notify the service user/or person acting on their behalf.

NB: Where the in-person notification is later than 30 working days after the date on when the NHS body first became aware of the notifiable adverse outcome, an explanation of the reason for this should be provided and recorded. This does not mean that the NHS body has one month to make the notification.

The initial notification should be 'in-person' (NHS bodies have discretion as to which method of in-person communication is most appropriate). However, the preference of the service user/person acting on their behalf should be considered and prioritised as well as factors such as the severity of the harm caused.

IN-PERSON CAN MEAN

By telephone, video call or face to face

Purpose of the in-person notification

- Acknowledge what has happened
- Offer an apology (see Annex E).
- Explain what information is known at that time about what has happened.
- Explain the next steps in relation what will happen next. (see Annex F).
- Offer support (see Annex D).
- Provide point of contact details.

Once in-person notification has been made, **written notification** must also be provided to the service user/person acting on their behalf within **five working days after the day of the in-person notification**.

Purpose of the written notification (a written summary of what was said in the in-person notification)

- Reiterate the verbal apology (see Annex E).
- Detail any initial information on what is known about what has happened.
- Explain the intended actions to and further enquiries that the NHS body will undertake (see Annex F)
- Provide the details of the point of contact.
- Provide the details of any support required (see Annex D).

REPORTING

Contractors can log incidents on the Datix portal (<https://nwssp.nhs.wales/a-wp/pcir/>). This allows a report to be generated by NWSSP for the Contractor to meet the Service Agreement. Otherwise, a Contractor must provide a separate annual candour report to the Health Board with whom they have a Service Agreement with.

The purpose of collecting such data is to identify learning and implement improvement. The ultimate goal is to make healthcare safer for NHS patients and staff through shared learning and continuous systems improvement.

NOTE Any queries relating to the duty of candour process or policy should be directed to the Health Board, [here](#).

Quality in Optometry

Quality in Optometry is about maximising quality of care, patient safety and service delivery on an on-going basis in WGOS. Systems will be developed that:

- Capture optometry governance data to ensure Contractor awareness and validation of Contractor quality;
- Increase optometry Contractor teams' awareness of, and capability in, quality improvement methodology;
- Capture optometry Contractors' workforce data to maintain accurate information about optometry services;
- Encourage uptake of further quality improvement projects by optometry Contractors' teams; and
- Mandate participation in clinical and/or non-clinical audits by optometry Contractors, as stipulated in the regulations.

Equipment required to perform WGOS



To be awarded a WGOS Service Agreement, the Contractor must be able to provide the practitioner access to a minimum standard of equipment.

Whilst the Performer / Contractor is able to use their own professional judgment and the minimum legal requirement to decide the format and content of the WGOS episode, the following equipment is required to be available to be able to deliver WGOS 1 and 2:

- Distance test chart
- Near reading test
- Trial frame & accessories and/or phoropter-head
- Retinoscope
- Distance and near binocular vision test
- Focimeter
- Direct ophthalmoscope
- Slit lamp
- Volk lens, or equivalent to enable binocular indirect ophthalmoscopy to be performed
- Applanation tonometer
- Vision testing equipment suitable for testing children
- Stereopsis test
- Colour vision test
- Amsler chart
- Visual field screener which must be:
 - Automated
 - Threshold related
 - Capable of producing a sharable field plot
- Eyelash removal instruments
- Foreign body removal instrumentation

NOTE that where a Performer wishes to complete a certain test as part of their clinical investigation, but the equipment (for whatever reason) is not available at the time of the WGOS episode, the WGOS episode may continue on condition that arrangements are in place for the examination with the necessary equipment to be completed on a different day, in a timescale that does not compromise patient safety and care. A claim cannot be submitted until all the necessary tests have been completed.

Reports & Referrals



Referrals should be made in a timescale that does not compromise patient safety and care.

Practitioners should, where appropriate to do so, refer patients to Contractors providing WGOS 3, 4 and 5.

In alignment with the GOC standards of practice for Optometrists and Dispensing Opticians, all referrals and reports must be completed in a timescale that does not compromise patient safety and care.

Where a practitioner observes a sign or symptom of injury or disease which they are unable to manage within their scope of practice, with the patient's consent, they should refer the patient to an appropriate practitioner. In the first instance and in accordance with regulation and Prudent Healthcare, with their consent, the patient should be referred to a Primary Care Optometrist / OMP with qualifications appropriate to the needs of the patient. Where the patient cannot be managed in primary care, the practitioner should make arrangements for the patient to be seen in secondary care.

Ocular referrals (which where possible should be electronic) must be sent directly along the eye care pathway (within WGOS where available or otherwise to HES) and not via the GP. This is the case unless in an exceptional circumstance where the GP is reasonably expected to manage the ocular condition. A copy of the referral letter must be:

1. sent to the GP
2. retained in the patient's record
3. offered to the patient.

Practitioners can either use a nationally or locally agreed reporting / referral template e.g. [WECS 2](#), [WECS 3](#), Wet Age-related Macular Degeneration Referral Form or their own practice referral letter, which must incorporate all the relevant information contained in the WECS 2 and WECS 3 form. It is recommended to include the WGOS logo. If a practice letter is used, the practitioner must ensure that the management of the patient is clearly annotated in the letter heading (see the table below).

Other referrals (i.e. non- ocular referrals) shall be directed where appropriate using the paperwork described above. For example, to GP, vascular surgery, neurology, or to social prescribing.

Table 1: Suggested heading to be used on letters

Letter type	Suggested Heading
Report / Referral via GP	GP INFORMATION FORM: (NOT for referral to Ophthalmology)
Referral	Referral: Optometry to Ophthalmology

NOTE In accordance with the Opticians Act 1989, if a patient refuses the offer of a copy of referral the patient must still be given a written statement of the reason for referral.

Claiming WGOS



Accurate records of all services and appliances supplied under WGOS should be kept.

A Contractor should only claim for what has been delivered / supplied.

Claims forms should be completed and submitted to NWSSP for payment.

Where applicable, the Contractor is required to verify a patient's eligibility for a WGOS. If a patient cannot provide evidence of eligibility, this must be noted on the form (good practice would be to note this on the record too).

A Contractor should complete and submit the [NWSSP Authorised Signatory Form](#) if they wish to nominate and authorise for a representative to be able to counter-sign the Contractors declaration on the claim forms on their behalf.

A Performer should only sign a claim form for an episode completed by someone else when that episode was performed by a student optometrist under their supervision.

CLAIM FORMS

To claim for WGOS services, the appropriate claim form should be completed and submitted to NWSSP at regular intervals for payment and within the time limits specified in the regulations (see the table below).

WGOS episode type	Form	Submission time limits from the date of supply of the service or collection of the appliance
WGOS 1	GOS 1W	3 months
WGOS 1 Mobile Service	GOS 6W	3 months
WGOS 1 if patient has a HC3 certificate	GOS 5W	3 months
WGOS 2	WECS 1	3 months
NHS funded optical appliance Voucher	GOS 3W	3 months
Repair / Replacement of NHS funded spectacles	GOS 4W	3 months

Submitting forms on time will assist NWSSP to expedite payment on the due date. Specific information on the submission and payment dates may be found [online](#).

Following submission, and before any payment is made, the claim forms are checked by NWSSP to determine if the:

1. Optometrist / OMP / CLO / DO is WGOS registered for the service delivered
2. Contractor is listed as a WGOS provider for the service delivered
3. Claim form has been fully completed
4. Patient is eligible for the service delivered
5. Claim has been received in the appropriate timeframe as specified in the regulations

Failure to meet the above conditions will result in non-payment and return of the claim form to the relevant Contractor. The practice will then have a month to resubmit the claim.

NOTE the submission system for WGOS forms will change with service evolution.

COMPLETING THE CLAIM FORMS

Claim forms are available in both English and Welsh. It is for the patient to decide which version they wish to complete. Where the preferred language differs between patient and clinician, two forms can be used, but must be fastened (but not glued) together for submission so that all four sides can be viewed.

Claims forms are usually split into two parts:

1. Patient's details and declaration
2. Performer and/or Contractor declaration

Patient's details and declaration

All statements which apply to the patient on the claim forms must be ticked, and other details entered as required for the category of patient and service level.

Where applicable, the Contractor must ask the patient for evidence of their eligibility for WGOS. If evidence of eligibility has not been seen, this should be noted in the appropriate place on the claim form. Good practice would be to note the reason for eligibility on the record card and whether evidence has been seen.

When claiming for a Mobile Service payment, the patient must state the reason (i.e., circumstances relating to their physical or mental illness or disability make it impossible or unreasonable for them to receive primary ophthalmic services at a registered premises). It is the patient's or their carer's

responsibility to provide a reason why the patient requires a Mobile service, not the Contractors. This must be documented on the claim form and the record card.

Where there is a section on the claim form that requires a patient signature, unless there is instruction by NHS Wales not to, the Performer and Contractor must ensure that the patient signs and dates the patient's declaration. If the patient cannot sign, the carer or authorised representative must sign in the appropriate place and print their name and provide their address. Under no circumstances should the Performer / Contractor or a practice staff member sign on behalf of a patient unless the member of staff is the patient's carer or authorised representative.

Performer and/or Contractor declaration

The practitioner conducting the WGOS episode must tick all applicable statements on the claim form to indicate the outcome of the WGOS episode.

If the practitioner who conducted the WGOS episode is not the Contractor making the claim, they should sign the practitioner's declaration on the claim form, indicating the date on which the appointment took place and giving their Ophthalmic List number.

Forms that have a 'claim section' must be completed by the Contractor or their authorised signatory. If the Performer conducting the WGOS episode is the Contractor making the claim, they need only sign once, namely the claim section.

WGOS claims are subject to post-payment verification in-line with the agreed protocol. By signing the claim form, an individual is signing to confirm that they understand and accept that if they withhold information or provide false or misleading information, they may be liable to prosecution and or civil proceedings.

In signing the claim form, the practitioner who carries out the WGOS episode is confirming that they are entitled to perform the WGOS episode and consents to the disclosure of relevant information for the purpose of checking this; planning, researching, and administering the service; and in relation to the prevention and detection of fraud.

In signing the form, the Contractor is also consenting to the disclosure of relevant information for the purpose of checking the claim; planning and administering the service; and in relation to the prevention and detection of fraud; and agreeing to pay back the cost of the service if later found not to be entitled to it.

The authorised signatories of a so-called 'grandfather' practice should be fully aware of their legal responsibilities. (A so-called grandfather is a qualified and registered practitioner who acts as the WGOS Contractor on behalf of a practice owned by a lay person or entity, or a dispensing optician.)

Contractors are advised to sign only claim forms relating to the services which have been provided. It is advised that the claim form should be signed at the time of providing the service to the patient. Blank claim forms should never be signed. If they are subsequently submitted fraudulently, the signatory will be held responsible and could be accused of fraud. Apart from signing the Contractor's section, a

Performer should only sign a claim form for an episode completed by someone else, when that episode was performed by a Student Optometrist under their supervision.

The use of a rubber stamp for a signature is not acceptable.

WGOS Clinical Fees



Fees are reviewed on an annual basis

Table 2: WGOS fees (Fees to be confirmed by Welsh Government)

Clinical Services	Fee		
WGOS 1 Eye Examination	£	43.00	
WGOS 2: Band 1	£	70.00	
WGOS 2: Band 2	£	53.00	
WGOS 2: Band 3	£	26.00	
WGOS Mobile Fee (first and second patient at an address)	£	38.27	(per patient)
WGOS Mobile Fee (third and subsequent patient at an address)	£	9.58	(per patient)

Post Payment Verification (PPV)



Claims will be audited by the Health Board, and they are legally entitled to inspect all records relating to WGOS patients.

Keeping good records will enable a Contractor / Performer to support the WGOS claim.

Records should contain details of all those involved in delivery care to the patient, including name and signature, or other identification of the author.

All WGOS activities and fee claims are subject to post payment verification (please see [PPV protocols](#)) by the Health Board or NWSSP on their behalf. The Health Board, or its representative, is legally entitled to inspect records relating to WGOS patients (including mixed a WGOS and private records relating to a WGOS claim). Contractors are obliged under the regulations to make the records available within a period specified to them.

Maintaining accurate and detailed records and adhering to the various WGOS requirements is essential to be able to support any WGOS claims and avoid PPV difficulties.

RECORD KEEPING

Full and accurate patient records must be kept. They should be made at the time of the examination and provide a history of the patient's care. The records should include:

- the reason for and type of WGOS episode performed
- evidence of the clinical investigation performed
- a note of the discussion held with the patient, including the advice given
- any referrals/reports associated with the WGOS episode

Claims will be audited by the Health Board or by NWSSP on behalf of the Health Board and they are legally entitled to inspect all records relating to WGOS.

WGOS 1 Eye Examination



Every Contractor that has been awarded a WGOS Service Agreement must be able to provide this level of service.

A WGOS 1 Eye Examination is:

- A Sight Test (as defined in the Opticians Act, 1989) plus
- Holistic health elements.

The holistic health element is based on the principles of Making Every Contact Count (MECC) and includes:

- Directed question
- Health & Behaviours messaging
- Social Prescribing

The Optometrist performing a WGOS 1 Eye Examination must consider the patient needs, risk, and behaviours. The Optometrist must be mindful of the patient as a person and take all opportunities to support them in making positive changes to their physical and mental health and wellbeing.

On conclusion of a WGOS 1 Eye Examination, the Optometrist will communicate to the patient the summary/outcome of the examination. This is referred to as the 'Patient Management Plan'.

Making Every Contact Count (MECC)

MECC is an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations.

Health Boards in Wales require Optometry Contractors to appropriately introduce ideas of lifestyle and behaviour change and motivate individuals to improve their own health and wellbeing, reduce avoidable premature mortality linked to poor lifestyle choices, reduce health inequalities and help people better manage long term conditions.

Contractors can help people to make healthier choices, by having brief conversations referred to as Brief Advice which has three simple principles:

1. **Ask** a person about their health and well-being when the opportunity arises (MECC and Directed Screening)
2. **Advise** them to consider the benefits of making a change, if they are interested (Health and Behaviours Messaging)
3. **Act** by offering encouragement and information about sources of support (Social Prescribing and support)

DIRECTED QUESTIONS

Directed questions are specific enquiries which (where applicable to patient defined cohort) must be made at every WGOS 1 Eye Examination.

The set of directed question will be periodically reviewed and agreed by WGOS Board. At any time, there may be **up to** three directed screening questions which must be delivered defined cohorts of patient.

Current directed questions:

1. Patient to be asked if they smoke.
 - Cohort: Every patient 16 years old and over
 - Act: If yes, then patient is to be offered [Help Me Quit](#) services.
2. TBC in future iterations of manual
3. TBC in future iterations of manual

NOTE Help Me Quit service offer support from aged 12, so any qualifying child and/or child's guardians identified at other points of the WGOS 1 Eye Examination should be directed to the support.

HEALTH & BEHAVIOURS MESSAGING

As a healthcare profession, Optometry have a role to play to help increase the public awareness of the impact that lifestyle and behaviours choice have on their ocular and general health.

Health Boards in Wales want to create an environment where Contractors are able to appropriately introduce ideas of lifestyle and behaviour change and motivate individuals to improve their own health and wellbeing.

The Health Board will require Contractors to promote up to a maximum of three specific key message themes, which will be National and/or Cluster messages. Where applicable the messages will be related to and supported by a 'directed question'. Health and Behaviours messaging will be conveyed by both the practice and Performer to ensure all patients are supported to receive the messaging.

There will be a suite of NHS Wales approved messaging resources available for the Contractor to order or download via [Eye Care Wales](#) website.

In Wales, social prescribing is defined as ‘connecting citizens to community support, to better manage their health and well-being’. The model is holistic, person-centred and moves away from a medicalised approach, to one where the sources of referral are cross-sectoral and not limited to healthcare/primary care.

It is expected that the Optometrist/OMP accesses the details of local services and actively engages in the referral into those services.

It is expected that a Contractor makes all Performers aware of local services and ways to engage/refer. Please see [Eye Care Wales](#) for the services and referral processes that are available in your area.

Patient Management Plan

The patient management plan is the outcome/summary of a WGOS 1 Eye Examination and comprises of:

1. The outputs required as part of a Sight Test (as defined in the Opticians Act, 1989) i.e. immediately following the test give a written statement to indicate:
 - a. that a sight test has been completed
 - b. whether the patient is to be referred to a medical practitioner and where applicable the reason for referral
 - c. the patient’s spectacle prescription and whether correction is required.

plus:

2. whether the patient is to be referred to another Healthcare Professional and where applicable the reason for referral and to whom they are being referred
3. Self-management resource e.g. leaflets, links to online resources etc.
4. Any targeted health or behaviour messages (found through MECC or directed screening)
5. Any Social Prescribing referral e.g. to non-clinical services and activities, typically provided by the voluntary and community sectors
6. A recommendation for their minimum interval to next routine WGOS 1 Eye Examination. In future there will be a maximum recommended interval added to service guidelines.

The patient management plan must be communicated with the patient following WGOS 1 Eye Examination, offered as a written statement.

NOTE The current use of GOS(W) and EHEW forms do not allow the service to capture the patient management plan. However, it is foreseeable that a future submission mechanism will capture the patient management plan in full.

FURTHER HOLISTIC INTERVENTION

There may be times where a Contractor is asked to participate with a cluster / health board / regional / national health awareness campaign / screening / intervention activity (e.g. Blood pressure screening). Such activities would be over and above the core WGOS 1 Eye Examination.

The intervention would be agreed at a Cluster, Health Board, regional, or national level and given a code to be used on the submission so that the Contractor is remunerated appropriately.

NOTE There are currently no agreed Further Holistic Interventions. This section describes a function that may be utilised locally or nationally at a future date.

Requirements to deliver WGOS 1 Eye Examination

CONTRACTOR REQUIREMENTS

In addition to advertising the WGOS service that the Contractor offers, the Contractor must:

- Ensure that Key Messaging Themes (health and behaviours messaging) is displayed prominently in the practice (or otherwise provided in mobile settings) in with [Accessibility Information Standards 2013](#). Contractors could consider this to include
 - The Contractor's digital space (e.g. website, social media)
 - The outward projection (practice windows),
 - the inward spaces (waiting areas, testing rooms), and
 - the communications with patients e.g., prescriptions and recall and promotional letters.
- Ensure that holistic health elements are issued to the patient at the same time as the optical prescription at the end of the WGOS 1 Eye Examination.

Contractors will be required to periodically complete and submit a self-certification quality assurance check to confirm that they meet the above criteria as well as all other requirements detailed in their Service Agreement.

NOTE These requirements are for all Contractors (including mobile practices). It is acknowledged that every practice is different. Contractors therefore are expected to make reasonable amendments to meet the above commitments to the best of their ability.

REQUIREMENT OF AN OPTOMETRIST / OMP DELIVERING WGOS 1 EYE EXAMINATION

An Optometrist/OMP must:

1. Draw on all mandatory training to ensure they understand and can comply with the requirements of WGOS 1 Eye Examination
2. Actively support patients who initiate conversation around health and behavioural messages
3. Actively complete all directed screening questions
4. Actively engage with the principles of 'Making Every Contact Count' by:
 - Initiating conversation on health and behavioural messages that are relevant to the patient, based on age and risk factors (ocular and health related)
 - Where available signpost/refer patients to activities, groups, and services in their community in line with Social Prescribing

Eligibility



The Contractor is required to verify a patient's eligibility for a WGOS 1 Eye Examination.

A patient is required to be eligible on the date of the WGOS 1 Eye Examination.

If a patient is unable to provide evidence of eligibility, this should be noted on the claims form as "Evidence Not Seen".

A patient is eligible for a WGOS 1 Eye Examination if they meet one of the following criteria as listed in the following table.

Eligibility (Patient is/has...)	Comments
Under 16	All patients under the age of 16 regardless of where they receive their schooling
16, 17, or 18 and in full-time education	<p>Patients aged 16, 17 or 18 in full-time education at a recognised educational establishment are eligible for a WGOS 1 Eye Examination once they have joined an academic course.</p> <p>Students under the age of 19 and are between academic years or changing schools continue to be eligible during the holidays as do students under the age of 19 going to college or university who have an offer of a place at college or university to be taken up immediately after the long holiday, i.e., no gap year.</p> <p>Patients aged 16, 17 or 18 who are being electively home educated are for a WGOS 1 Eye Examination and, if necessary, optical vouchers for help towards the cost of glasses.</p> <p>Patients aged 16, 17 or 18 who are on a Welsh Government Traineeship with attendance of 21 hours or more a week are entitled to a WGOS 1 Eye Examination and if necessary, optical vouchers for help towards the cost of glasses.</p>

Eligibility (Patient is/has...)	Comments
	When completing the WGOS paperwork, optometrists and ophthalmic medical practitioners should tick the box for a patient being a full-time student aged 16, 17 or 18 and attend School/College/University and annotate "home educated" or "Welsh Government Traineeship" accordingly.
Under 18 who are care leaver or are in the care of a Local Authority	
60 or over	All patients who are aged 60 or over
Registered as sight impaired / severely sight impaired	All patients who are registered as sight impaired / severely sight impaired
Diabetic	<p>Patients diagnosed with diabetes are entitled to WGOS 1 Eye Examination</p> <p>Patients aged 12 or over and have been diagnosed with diabetes should be part of a Diabetic retinopathy screening service. Unless they are currently under the HES for their diabetic eye care, the screening is completed by Diabetic Eye Screening Wales (DESW). If the patient is not receiving screening, you should bring this to the attention of the patient's GP, so that the patient may be included.</p>
Glaucoma	Patients diagnosed as having glaucoma regardless of whether they are under the care of an Ophthalmologist
A family history of glaucoma	A patient who is aged 40 or over who is the parent, child or sibling of a person who has or had glaucoma
Considered to be at risk of glaucoma	A patient considered by an ophthalmologist / glaucoma qualified practitioner to be predisposed to the development of glaucoma is also eligible for a WGOS 1 Eye Examination. However, this eligibility does not extend to their family members
At risk of developing eye disease based on ethnicity	<p>Patients that are 40 years of age or over and self-certify as Asian or Black are eligible for a WGOS 1 Eye Examination on the basis that they are at much greater risk of glaucoma and diabetes at an earlier age and with more severe disease compared to other ethnicities.</p> <p>Patients that are under 40 years of age and self-certify as Asian or Black with additional risk factors associated with glaucoma or diabetes (e.g. Family History of glaucoma) are also eligible.</p>
Unilateral	Patients who are unilateral and would be eligible for registration as Sight Impaired if they lost vision in their 'good' eye
Hearing impaired	Patients who can self-certify that even with aids they consider their themselves as hearing impaired and they rely on their vision to assist communication e.g., lip reading, signing or written communication
Retinitis pigmentosa	Patients who have been diagnosed as having retinitis pigmentosa by an Ophthalmologist

Eligibility (Patient is/has...)	Comments
A Complex Prescription	<p>A patient currently wearing complex lenses. If during the WGOS 1 Eye Examination it is found that their prescription is no longer considered 'complex', they will still be eligible for an WGOS 1 Eye Examination on this occasion, but they would not be automatically entitled to subsequent WGOS 1 Eye Examinations unless they are eligible for another reason.</p> <p>If the patient undergoing a private Sight Test is found to need a complex lens, a WGOS 1 Eye Examination can be claimed, providing that all additional elements (which would not ordinarily be included in a sight test) to comply with the regulations are completed</p>
A prisoner on leave from prison	<p>A "prisoner" in this context means a person who is detained in a prison, including a young offender institution, but is, at the time of receiving any primary ophthalmic service, on leave from that prison. A prisoner may be allowed to leave prison for short periods towards the end of their sentence and extending eligibility for prisoners on leave is a means to initiate integration with the rest of open society, extending and democratising provisions wider members of the public are entitled to have.</p>
An adult receiving one of the following: <ul style="list-style-type: none"> • Income Support • Income-related Employment and Support Allowance • Income-based Jobseeker's Allowance • Pension Credit Guarantee Credit • Universal Credit and meet the criteria • HC2 (full help) or HC3 (partial help) certificate • valid NHS tax credit exemption certificate 	<p>The following link is useful to determine whether a patient is entitled to a WGOS 1 Eye Examination and/or help towards the cost of an optical appliance.</p> <p>https://www.gov.wales/get-help-nhs-eye-care-costs</p>

The Performer and Contractor are required to take reasonable steps to verify a patient's eligibility for a WGOS 1 Eye Examination on the date that the examination takes place.

WGOS 1 Eye Examination and Private Sight Tests are not the same. The Performer and Contractor must therefore make every effort to establish whether the patient is eligible for a WGOS 1 Eye Examination before the examination commences.

Frequency



WGOS 1 Eye Examinations should only be carried out when clinically necessary.

Optometrists and OMPs should exercise their own clinical judgment when recalling patients.

If an Optometrist or OMP decide to see a patient at an interval shorter than recommended, then the appropriate code must be used on the claim form and the reason noted on the record.

The Optometrist / OMP should only carry out a WGOS 1 Eye Examination when they deem it clinically necessary. The reason for the test must be clearly documented in the patient's record. A WGOS 1 Eye Examination should not be conducted solely to issue a voucher to replace broken or lost spectacles / contact lenses.

Optometrists / OMPs are free to exercise their clinical judgement to determine the frequency with which a patient needs a WGOS 1 Eye Examination. As a summary guide, the shortest recall dates not requiring additional coding may be considered as:

Minimum WGOS 1 Eye Examination Intervals

Patient's Age at Time of WGOS 1 Eye Examination or Clinical Condition	Minimum Interval Between WGOS 1 Eye Examination
Under 16 years	1 year
16 years and over and under 70 years	2 years
70 years and over	1 year
40 years and over with family history of glaucoma or with ocular hypertension and not in a monitoring scheme	1 year
Diabetic patients	1 year
At risk of developing eye disease based on ethnicity	1 year
Uniocular	
Hearing impaired	
Retinitis pigmentosa	

When a WGOS 1 Eye Examination is completed at a shorter interval than listed above, an early recall code must be documented on the claim form. As the Health Boards have the discretion to ask the Optometrist / OMP to justify their decisions, the record must support the reason for the early test.

WGOS 1 Eye Examination Health Examination Early Test Codes

Early Test Codes	Reason
1	Patient was identified at the last WGOS 1 Eye Examination / Private Sight Test as being at risk of changes to optical prescription
2	Patient has an ocular pathology likely to worsen, e.g., cataracts and vision is borderline for driving; binocular vision anomalies, etc.
3	Patient that has presented with visual symptoms who following triage by the practice is not eligible for a WGOS 2: Band 1 but requires further examination
4	Patient has been identified in WGOS protocols as needing to be seen more frequently because of ocular / health / behavioural risk factors
5	Patient has been referred by a medical practitioner for a WGOS 1 eye examination
6	A second WGOS 1 Eye Examination is necessary as the patient is unable to tolerate their new spectacles
7	Other circumstances requiring clinical investigation which are not outlined above

NOTE Whilst there is complete freedom to exercise clinical judgement in individual cases, it is not appropriate to apply a blanket recall interval to all patients within a category e.g. all patients over the age of 70 or patients with diabetes are automatically placed on 12 months recalls. Over-frequent WGOS 1 Eye Examinations could cause the Health Board to question whether a Performer / Contractor should remain on the Wales Ophthalmic List.

Examination



Eye examinations should only be carried out when necessary.

Optometrists and OMPs should exercise their own clinical judgment when recalling patients.

To be able to claim for a WGOS 1 Eye Examination, the Optometrist / OMP must be able to demonstrate that they have:

- 1. Completed a sight test (as defined in the Opticians Act, 1989)*
- 2. Completed a Patient Management Plan*

When conducting a WGOS 1 Eye Examination, the Optometrist / OMP must as part of the examination establish the patient's needs and risks, based on age, general health, lifestyle / behaviours, family history etc.

At the end of the WGOS 1 Eye Examination the Optometrist / OMP must provide a Patient Management Plan, as detailed in previous section.

Table 3: Examples of advice that could form part of the Patient Management Plan

Patient's Age	Risk identified during the WGOS 1 Eye Examination	Possible advice / actions that could be taken by the Optometrist / OMP
0-18	None	Developing good habits with nutrition, activity, screen time, UV protection
14 - 65	Smoker	Signpost to "Help Me Quit stop Smoking Service in Wales
50+	Type 2 Diabetic	Ensure the patient understands the importance of attending their diabetic clinic and diabetic retinopathy screenings when called

1. If the Optometrist / OMP observes a sign or symptom of injury or disease which they are unable to manage within their scope of practice, with the patient's consent, they should refer the patient to an appropriate practitioner. In the first instance and in accordance with regulations and Prudent Healthcare, the patient should be referred to a Primary Care Optometrist / OMP with qualifications appropriate to the needs of the patient. Where the patient cannot be managed in primary care, the practitioner should arrange for the patient to be seen in secondary care.
2. Advise the patient when the next WGOS episode should take place.
3. Issue either a signed, written prescription for an optical appliance or a signed, written statement that an optical appliance is not required.
4. If the patient is entitled to the provision of an optical appliance funded by NHS Wales, the Optometrist / OMP must issue a WGOS voucher to the patient. The voucher should include the spectacle prescription written in the highest spherical power form, so that the patient is able to obtain the highest value of assistance towards their spectacles/contact lenses.

NOTE It is good practice for the Optometrist / OMP to note any information / advice that has been given to the patient on the clinical record.

Claiming



An Optometrist / OMP should only sign forms for services which they have provided.

The date of the last sight test / eye examination should be entered on the GOS1W form, whether NHS or private.

A claim should not be submitted until the WGOS 1 Eye Examination has been completed, the prescription or statement has been issued to the patient, or a referral has been made.

The claim form to be used for a WGOS 1 Eye Examination will depend on:

1. Whether the patient receives full or partial help towards the cost of their WGOS 1 Eye Examination
2. The location where the WGOS 1 Eye Examination has been completed

Forms to be used to claim a WGOS 1 Eye Examination

Location where WGOS 1 Eye Examination was completed	WGOS 1 Eye Examination eligibility	
	Full help (all eligibility criteria except when patient has a HC3 certificate)	Partial Help (Patient has a HC3 Certificate)
In a practice	GOS 1W	GOS 5W
Any setting in Wales, outside of a WGOS practice premises	GOS 6W	GOS 5W

MOBILE SERVICES

Residential homes will be considered as a single address and as a single unit of accommodation for the purpose of calculating the Mobile Service fees payable. Accordingly, a lower domiciliary visiting fee is payable in respect of WGOS provided to a third and subsequent resident during a single visit. However, where residents in sheltered housing have individual postal addresses, these should be considered as individual visits and a separate Mobile Service fee should be payable for each.

HC3 CERTIFICATES

A patient who has a valid HC3 certificates at the time of their private sight test may be eligible for help towards its cost if the amount in Box A on the HC3 certificate is lower than the cost of a private sight test and is also lower than the WGOS 1 Eye Examination fee.

Where the patient is eligible for help towards the cost of a private sight test, a GOS 5W claim form should be completed. The amount to be claimed is calculated as follows:

$$\text{Claim Value} = \begin{matrix} \text{Private Sight test fee or} \\ \text{WGOS 1 Eye examination fee} \\ \text{(Whichever is the lowest)} \end{matrix} - \begin{matrix} \text{Patient contribution} \\ \text{(Box A on HC3 certificate)} \end{matrix}$$

A patient who has a valid HC3 certificate at the time of the private sight test may be eligible for help towards the cost of an optical appliance if the amount in Box B on the HC3 certificate is lower than the cost of a privately funded optical appliance and is also lower than the WGOS Optical Voucher for the required spectacle prescription. This is likely to be established at the point of dispensing.

PRIVATE SIGHT TESTS

WGOS 1 Eye Examination and Private Sight Tests are not the same. The Contractor must therefore make every effort to establish whether the patient is eligible for a WGOS 1 Eye Examination before the examination commences.

There will be occasions, despite every effort by the Contractor, where the patient notifies the Contractor that they are eligible for a WGOS 1 Eye Examination at the point of paying for the private sight test. In such instances, to be able to claim the WGOS 1 Eye Examination, arrangements must be made to ensure that the additional elements are completed i.e. the patient must be given tailored prevention and well-being healthcare advice regarding their general health and ocular health with the advice documented in the record and on their Patient Management Plan. This may be delivered remotely.

If, at the time of dispensing, a patient has become eligible for a voucher, an Optometrist / OMP may issue a voucher, even if the patient has a HES or private prescription. In such circumstances, it is not necessary to perform a WGOS 1, unless you believe there has been a change in prescription. Instead, being satisfied that the patient is eligible for a voucher, the Optometrist or OMP should copy the details of the prescription from the private or HES prescription into the optical voucher. The signature box should be annotated with 'transcribed by' along with the Optometrist's or OMP's name and list number, signature and date. The transcriber should include the date of the prescription, on which the voucher is based. It is good practice to record the name and address of the original prescriber, together with the date and details of the prescription, on the patient's record.

If, after a private sight test, a patient buys a pair of spectacles privately and then becomes eligible for a voucher at a later date, the voucher should only be issued in-line with guidance on fair wear and tear.

HC5W(O) FORMS AND REFUNDS

If a patient discovers, after receiving and paying for a private sight test, that at the time of that test, they were eligible for a WGOS 1 Eye Examination, the patient can obtain a refund using the HC5(O) form. Submission must be made by the patient within three months of when the private sight test took place.

The HC5W(O) forms can be obtained [here](#)

HC5W(O) forms are sent to the benefits agency by the patient for approval. Once approved by the benefits agency the form is sent to the NWSSP payments team and the patient is directly refunded.

WGOS 2



This service can be performed by an Optometrist / OMP included on the Wales Ophthalmic List.

A Student Optometrist may perform a WGOS 2 under the supervision of an Optometrist / OMP whose name is included on the Wales Ophthalmic List and is on the premises. The Supervisor must be on the premises at all times.

A CLO is able to perform a WGOS 2: Band 1 (acute anterior eye problems) and WGOS 2: Band 3 (follow up to a WGOS 2: Band 1 acute anterior eye problem) if:

- they are suitably qualified / trained to perform the service*
- they are included on the Wales Administrative List*
- Have Indemnity Insurance to provide for the extended responsibilities involved in the delivery of WGOS 2*
- have had an Enhanced Disclosure and Barring Service (DBS) check within the 6 months leading up to being approved by the Health Board to provide the service*
- have been able to provide two clinical references relating to two recent (within the last 2 years) clinical posts*
- there is an Optometrist / OMP on the premises and able to intervene*

WGOS 2 allows three distinct eye care services (bands) to be completed in primary care.

The following outlines the banding:

- Band 1: This examination is for patients who have eye problems of an acute nature. It can also be used to accept referrals from another healthcare professional
- Band 2: These examinations enable patients to have additional investigations following a WGOS 1 or Private Sight Test only. They can only be used to further inform or prevent onward referral to the hospital eye service.
- Band 3: A Band 3 examination enables a patient to be followed-up after they have had an initial appointment for an WGOS 2: Band 1 or for a post-operative cataract check.

Please refer to the relevant section for further details

PROTOCOLS FOR CONTACT LENS OPTICIANS DELIVERING WGOS 2: BAND 1 & BAND 3

A CLO can deliver WGOS 2: Band 1 anterior eye problem and WGOS 2: Band 3 follow up if:

- they are suitable qualified / trained to perform the service

- they are included on the Wales Administrative List
- there is an Optometrist / OMP on the premises

The name of the Optometrist / OMP must be visible on the record card.

Contact tonometry and/or Instillation of eye drops

Instillation of topical anaesthetic for corneal foreign body removal/contact tonometry would be done as a delegated function from the Optometrist on site.

WGOS 2: Band 1



A patient may have more than one WGOS 2: Band 1 episodes per year providing the clinical reason for each is different.

Patients that self-refer or are referred by other Healthcare Practitioners for a WECS 2: Band 1, should be triaged to determine the eligibility, and the urgency with which they need to be seen.

*A Contractor must **respond** to the patient within 24 hours of the patient contacting them. There is no expectation that all patients are **seen** within 24 hours.*

Contractors are expected to assist patients that present during their agreed core hours.

The level of examination should be appropriate to the reason for the WGOS 2: Band 1 and procedures are at the discretion of the Optometrist / OMP / CLO, which may include a Sight Test and Patient Management Plan equivalent to WGOS 1 Eye Examination if clinically indicated.

The Patient's GP must be notified of the outcome of a WGOS 2: Band 1 episode.

A CLO approved by the Health Board to perform a WGOS 2: Band 1 for a patient who present with an anterior eye problem may only complete such an episode when they are working alongside and in the same premises as an Optometrist / OMP whose name appears on the Wales Ophthalmic List.

A WGOS 2: Band 1 examination enables patients with acute eye conditions to obtain a free at the point of access eye examination. The full list of eligibility is below:

1. The patient has an acute eye problem (self-referral or referral from another healthcare practitioner)
2. Referral by another health care professional for further investigation e.g., GP, ophthalmologist, pharmacist, allied health professional, Diabetic Eye Screening Wales (DESW) service
3. Other pathways agreed by the Health Board protocols

Under certain circumstances more than one Band 1 can be performed per year per patient. The usual safeguards regarding decision-making apply and the relevant reasons and circumstances must be recorded in the clinical records. Examples include:

- A second band 1 examination can be offered to a patient who presents with a different clinical condition to that of the first Band 1 exam. The decision to offer this additional Band 1 examination must be clearly outlined in the notes e.g. a patient has a Band 1 at the first visit for an acute red eye and then returns 2 months later with an unrelated clinical episode of flashes and floaters. The second visit would also be eligible for a Band 1.
- Where a patient presenting with a re-occurrence of the same condition in the same eye and there is either a significant change in the condition or a significant interval between the episodes/presentation, a second Band 1 can be completed. The records should evidence justification for the second claim.

THE PATIENT HAS AN ACUTE EYE PROBLEM

Eligibility

A practitioner can only submit a claim if a patient presents with symptoms which are of acute onset and that after triage by the Optometrist/OMP/CLO, are deemed to require clinical investigation. The type of symptom or eye problem and how long since they began should be stated clearly on the patient's record card.

In such instances, the practitioner must use their professional judgement to decide on the urgency with which the appointment should be performed. Please note whilst the Contractor must **respond** to the patient within 24 hours, there is no expectation that all patients will be **seen** within 24 hours.

Contractors are expected to be able to assist the patient within their agreed core hours. Once the patient presents to the practice, the Contractor has an obligation to ensure that the patient is managed appropriately within the timescale indicated by triage. Only in exceptional circumstances would this involve arranging for the patient to be seen by a different Contractor.

NOTE if a Contractor refuses to assist / provide WGOS service to an eligible patient (e.g. a patient has been told by a practice to contact another practice themselves), the Health Board must be notified.

Examination

If a patient presents with an eye problem that requires urgent investigation, then:

- The level of examination should be appropriate to the reason for referral and procedures are at the discretion of the Optometrist / OMP / CLO (for guidance refer to the College of Optometrists [Guidance for Professional Practice](#) and [Clinical Management Guidelines](#))
- Refraction is not usually necessary, unless it may help determine the nature of the acute eye problem (e.g., headaches or diplopia) and should be conducted in line with the practitioner's professional judgement. This may be a diagnostic refraction if there is no intention to prescribe from it, and therefore may not constitute an eye examination / sight test. If a need to prescribe spectacles is found, all elements that would constitute a sight test as defined in the Opticians Act 1989, must be completed and an NHS voucher may be issued if the patient is eligible. In this instance the holistic elements mandated in WGOS 1 Eye Examination would not be optional, based on Optometrist / OMP discretion.

NOTE In addition to providing the appropriate advice / management to the patient, the Optometrist / OMP / CLO must also notify the patient's GP of the outcome of the examination (See reports and referral section). It is acceptable to send one letter to cover both a Band 1 and subsequent Band 3 examination provided it is sent in a time that doesn't compromise patient safety.

REFERRAL BY ANOTHER HEALTH CARE PROFESSIONAL

Eligibility

If a GP or other health professional has concerns regarding a patient's eye health, they can refer them for a WGOS 2: Band 1 examination. The patient can be of any age and the referral may arise for a variety of reasons e.g. GP managing unexplained headaches, or Pharmacist referring a person with an eye infection.

On receiving the referral, the patient will be triaged by the Contractor and the Optometrist / OMP / CLO will decide the urgency in which the patient needs to be seen. Please note whilst the Contractor must **respond** to the patient within 24 hours, there is no expectation that all patients will be **seen** within 24 hours.

Examination

If a patient is referred by a healthcare practitioner, then:

- The level of examination should be appropriate to the reason for referral and procedures are at the discretion of the Optometrist / OMP / CLO (for guidance refer to the College of Optometrists [Guidance for Professional Practice](#) and [Clinical Management Guidelines](#))
- Refraction is not usually necessary, unless it may help determine the nature of the acute eye problem (e.g., headaches or diplopia) and should be conducted in line with the practitioner's professional judgement. This may be a diagnostic refraction if there is no intention to prescribe from it, and therefore may not constitute an eye examination / sight test. If a need to prescribe spectacles is found, all elements that would constitute a sight test as defined in the Opticians Act 1989, must be completed and an NHS voucher may be issued if the patient is eligible. In this instance the holistic elements mandated in WGOS 1 Eye Examination would not be optional, based on Optometrist/OMP discretion.

NOTE In addition to providing the appropriate advice / management to the patient, the Optometrist / OMP / CLO must also notify the patient's GP of the outcome of the examination (See Reports and Referral Section)

EXAMINATIONS TO COMPLY WITH HEALTH BOARD PROTOCOLS

- Other pathways agreed by the Health Board can be found on the [Eye Care Wales](#) website.

WGOS 2: Band 2



The purpose of a WGOS 2: Band 2 is to inform or prevent onward referral.

A WGOS 2: Band 2 episode can only follow a WGOS 1 Eye Examination or a private sight test.

Unless there is a locally agreed pathway, only one WGOS 2: Band 2 claim can follow a WGOS 1 Eye Examination or private sight test.

A WGOS 2: Band 2 may be completed on the same day or a subsequent day as a WGOS 1 Eye Examination or a Private Sight Test.

Unless there is a locally agreed pathway, a WGOS 2: Band 2 and a WGOS 2: Band 3 cannot be claimed for on the same day.

A WGOS 2: Band 2 examination may be claimed instead of a Band 3 examination if unexpected symptoms or signs that require further investigation are found during a Post Cataract assessment.

The Patient's GP must be notified of the outcome of a WGOS 2: Band 2 episode

WGOS 2: Band 2 examinations enable patients to have additional investigations funded by NHS Wales. They can be used to further inform or prevent onward referral.

Eligibility

Patients are eligible for a WGOS 2: Band 2 if the Optometrist / OMP performing the WGOS 1 Eye Examination or private sight test identifies signs or symptoms that may need referral and performing a Band 2 would facilitate adding valuable information to that referral or may even prevent it.

This category is not to be used as a follow up to any type of WGOS 2 Band 1 examination.

A WGOS 2: Band 2 may be carried out on the same day as a WGOS 1 Eye Examination or a private sight test but could be carried out on a different day according to patient or clinical needs.

In cataract post-op assessments, a Band 2 examination may be claimed instead of a Band 3 examination if unexpected symptoms or signs are found that require further investigation.

Examination

In all cases a WGOS 2 Band 2 fee can only be claimed where an intervention was both:

- 1) clinically required, and
- 2) not part of the preceding Sight Test / WGOS 1 Eye Examination unless repetition is required.

The following are guidelines about investigations that **would** be considered appropriate for a Band 2 (Note that this is not an exhaustive list).

- A pre-operative cataract assessment
- Cycloplegic refraction
- Wide field (e.g. 60 degrees) threshold related visual field examination for unexplained headaches
- Applanation tonometry and/or threshold related visual fields for a patient where initial results were suggestive of glaucoma to inform/prevent referral via the established pathway
- An OCT assessment in order to refine or prevent a referral
- A post-operative cataract assessment where the patient is found to have an unexplained reduction in vision or any signs / symptoms in either eye which require subsequent further

investigations. A Band 2 can be performed instead of a Band 3 to determine if referral back to the hospital is required, and inform the referral where indicated

The following tests ***in isolation would not*** normally be considered appropriate for a Band 2:

- Dilation of the pupil to get a better view of the fundus (e.g., asymptomatic patient with small pupils) unless there are signs and/or symptoms present that clinically justify dilation.
- OCT to establish or compare with base line readings
- OCT where there is no question of referral
- Heidelberg Retina Tomography (HRT)
- Pachymetry
- Fundus photography
- Syringing or punctum plugs for dry eye
- Gonioscopy

NOTE Unless a locally commissioned pathway permits, at no point should a Band 3 and a Band 2 be claimed for the same patient on the same day.

WGOS 2: Band 3



A WGOS 2: Band 3 can only be performed following a WGOS 2: Band 1 or as a cataract post-operative assessment.

It is not expected that every WGOS 2: Band 1 episode will require a WGOS 2: Band 3 appointment.

Where there is a clinical need, more than one WGOS 2: Band 3 may be claimed.

The examination should be appropriate to the reason for the appointment and procedures are at the discretion of the Optometrist / OMP / CLO.

The Patient's GP must be notified of the outcome of a WGOS 2: Band 3 episode.

A CLO approved by the Health Board to perform a WGOS 2: Band 3 follow up to a WGOS 2: Band 1 episode may only complete such an episode when they are working alongside and in the same premises as an Optometrist / OMP whose name appears on the Wales Ophthalmic List.

WGOS 2: Band 3 examinations can be completed:

- To provide a follow-up to a WGOS 2: Band 1
- When the patient has been discharged to optometry for a cataract postoperative assessment

- As part of another pathway which has been agreed by the Health Board

AS A FOLLOW UP TO A BAND 1

Eligibility

Following a WGOS 2: Band 1 an Optometrist / OMP / CLO may deem it clinically necessary to review the patient again to ensure the patient is being clinically managed in the most appropriate way.

Occasionally, this may involve the patient being reviewed on more than one occasion.

Whilst there is scope to exercise clinical judgement in individual cases, it would not be appropriate to complete a Band 3 following every Band 1. As the Health Boards have the discretion to ask the Optometrist / OMP to justify their decisions, the record must support the reason for completing the Band 3.

This appointment can be either:

1. Scheduled

The appointment is booked on completion of a WGOS 2: Band 1 and prior to the patient leaving the practice. Examples include (Note that this is not an exhaustive list):

- Re-assessment of a patient with marginal keratitis
- Re-assessment of a patient with corneal abrasion
- Re-assessment of a patient following foreign body removal
- Re-assessment of a patient with a non-resolving red eye
- Corneal lesions of unknown origin follow-up

2. Unscheduled

The appointment is booked when the patient, who has recently been seen for a WGOS 2: Band 1, re-presents to the Contractor on another occasion as their symptoms persist or have worsened when they were advised that the symptoms should resolve.

If the WGOS 2: Band 3 is a “scheduled” appointment, this would indicate that the Optometrist / OMP / CLO wished to check that the patient’s symptoms / signs were resolving. In this case, it would be inappropriate to schedule a WGOS 1 Eye Examination or private sight test until the issue is known to have fully resolved. Only in exceptional circumstances can a WGOS 1 Eye Examination and WGOS 2: Band 3 follow up to a Band 1 be claimed on the same day.

Examination

The level of examination should be appropriate to the reason for review and procedures are at the discretion of the Optometrist / OMP / CLO.

CATARACT POST-OPERATIVE ASSESSMENT

Eligibility

Where a patient presents to the Contractor following an NHS funded cataract operation, for their post operative WGOS 1 Eye Examination or private sight test after their surgery, a WGOS 2: Band 3 can be claimed for completing a post operative report for Ophthalmology.

Please note:

- If a post-operative cataract assessment finds an unexplained reduction in vision or if the patient presents with signs / symptoms in **either** eye which require subsequent further investigations, a Band 2 can be completed instead of a Band 3 to determine if onward referral is required and to inform the referral where indicated.
- Unless a locally commissioned pathway permits, at no point should a Band 3 and a Band 2 be claimed for the same patient on the same day.

Examination:

The level of examination should be appropriate to the reason for review and procedures are at the discretion of the Optometrist / OMP.

WGOS Optical Vouchers



Only an Optometrist / OMP listed on the Wales Ophthalmic List can issue a WGOS Optical Voucher to an eligible person when there has been a significant change in spectacle prescription, or the spectacles are no longer serviceable through fair wear or tear or no longer fit.

If the patient is eligible for a WGOS Optical Voucher, it should be issued to them following the WGOS 1 Eye Examination or a private sight test which has been partially funded by a HC3W certificate.

The records should indicate that a voucher has been issued.

A WGOS Optical Voucher is valid only while the patient is eligible and for a maximum of two years from the date on which it was issued. The Supplier must check the patient's eligibility for the voucher on the date of the patient ordering the spectacles or contact lenses, if there is any delay between the issuing voucher and ordering the appliance.

Eligible patients can obtain a WGOS Optical Voucher (GOS3 W) which they redeem at the practice of their choice. The patient is entitled to 'spend' a voucher of a specified amount on or towards a pair of spectacles / contact lenses of their choice, providing that they are still eligible at the time of ordering the spectacles / contact lenses.

Duty to make available a basic pair of spectacles



Contractors who provide WGOS and sell spectacles are obliged to offer patients a basic pair of spectacles that meet the specification of the individual's prescription and be within the value of the relevant voucher to which the individual is entitled, regardless of where in the UK the optical voucher was issued.

A full WGOS Optical Voucher (i.e. not HC3W voucher) ensures an eligible patient has the expectation of provision of a functionable optical appliance without incurring cost.

Patients must have the option of a suitable pair of spectacles within their voucher value, not just a grant towards the cost of more expensive spectacles. The suitable spectacles must be single vision, bifocal or multifocal as specified by the prescriber or otherwise single vision, bifocal or multifocal as per the patient's choice. However, so long as the expectation of provision of a functionable optical appliance without incurring cost is met a patient may be offered the choice to pay towards a different appliance.

Eligibility



The Contractor is required to verify a patient's eligibility for a voucher.

To be able to claim their voucher, the patient is required to be eligible on the date on which they order their optical appliance.

If a patient is unable to provide evidence of eligibility, the Contractor should indicate this on the claim form.

A WGOS Optical Voucher can be issued immediately after a WGOS 1 Eye Examination, WGOS 2: Band 1 episode (which included refraction and all other tests to understand the effect of the prescribed result) or a private sight test which has been partially funded by a HC3 certificate.

If the patient:

1. Falls into one of the categories listed in part A of the table below and
2. The outcome of the WGOS 1 Eye Examination; WGOS 2: Band 1 episode (which included refraction and all other tests to understand the effect of the prescribed result); or a private sight test which has been partially funded by a HC3 certificate; meets one of the criteria listed in part B of the following table:

Eligibility criteria for an Optical Appliance funded by NHS Wales

PART A	PART B
<ul style="list-style-type: none"> • Children under 16 • Students in full time education, aged 16-18 • Under 18 who are care leavers or are in the care of a Local Authority • Adults receiving: <ul style="list-style-type: none"> ○ Income Support (and their partners) ○ Income-based Jobseeker's Allowance (JSA) ○ Income-related Employment and Support Allowance (ESA) ○ Pension Credit Guarantee Credit (PCGC) ○ Tax Credit ○ Universal Credit • Patients holding a HC2 (full help) or a HC3 (partial help) certificate • Prisoners on Leave (PoL) • Patients requiring complex lenses 	<ul style="list-style-type: none"> • The Optometrist / OMP considered there had been a significant clinical change in spectacle prescription • The Optometrist / OMP found no significant change in the spectacles prescription but judged the spectacles / contact lenses no longer fitted or had become unserviceable through fair wear and tear

NOTE Where there is a change in the contact lens specification but no change in spectacle prescription, a voucher cannot be issued.

Spectacles are normally expected to last for two years. However, this is not a statutory limit.

A voucher can only be issued for disposable or planned replacement contact lenses if the spectacle prescription has changed. Disposable or planned replacements contact lenses do not entitle a patient to a voucher on the grounds of fair wear and tear.

A voucher may be issued at a later date if the prescription is still valid and

- the patient falls into one of the categories listed in part A of the table above and at the time of the WGOS 1 Eye Examination / WGOS 2: Band 1 / Private Sight Test, there had been no significant change in the spectacles prescription and the patient had a serviceable optical appliance to correct their vision, but at the time of dispensing no longer has any form of 'useful' optical correction available to them due to damage / loss
- the patient at the time of their last WGOS 1 Eye Examination / Private Sight Test was not entitled to NHS Wales funded spectacles / contact lenses as they did not meet any of the categories listed in Part A of the table above, but at the time of dispensing, are eligible. In such circumstances, a WGOS 1 Eye Examination is not required, unless there is reason to believe there has been a change in prescription. Having satisfied themselves that the patient is eligible for a voucher, the practitioner should copy the prescription into the WGOS 3. In the signature box the practitioner should write 'transcribed by' and enter their name and list number and sign and date the form indicating the date of the prescription on which the GOS 3W is based. It is good practice to record the name and address of the original prescriber, together with the date and details of the prescription, on the patient's record.

If at the time of dispensing, a patient who would usually be seen at the HES for a sight test / refraction has become eligible for help towards the cost of their optical appliance, a Performer may issue a WGOS 3 voucher. In such circumstances, the patient should not be offered a WGOS 1 Eye Examination, unless there is reason to believe there has been a change in prescription or the prescription issued by the HES is out of date. Having satisfied themselves that the patient is eligible for a voucher, the practitioner should copy the prescription from the HES prescription form onto the WGOS 3 voucher. In the signature box the practitioner should write 'transcribed by' and enter their name and list number and sign and date the form indicating the date of the prescription on which the GOS 3W is based. It is good practice to record the name and address of the original prescriber, together with the date and details of the prescription, on the patient's record.

NON-TOLERANCE

In the exceptional case where a patient cannot tolerate their new spectacles a second WGOS 1 Eye Examination may be necessary, with a recall code. If this test results in the patient requiring a different

optical prescription a voucher can be issued. The patient's record should indicate the reason why the subsequent voucher has been issued.

Non-tolerance does not cover Performer/practice/glazing errors.

Choosing the correct WGOS Optical Voucher

A voucher can be used for spectacles or contact lenses. The value of the voucher is determined by the spectacle prescription not the strength of the contact lenses.

(Voucher values to be confirmed by Welsh Government.)

Single Vision	Cyl				Bifocals / Multifocals	Cyl			
Sph	0.25–2.00D	2.25–6.00D	6.25–10.00D	≥ 10.25D	Sph	0.25–2.00D	2.25–6.00D	6.25–10.00D	≥ 10.25D
Pl–6.00D	(1)				Pl–6.00D	(6)			
6.25–9.75D	(2)				6.25–9.75D	(7)			
10.00–14.00D	(3)		(4)	(5)	10.00–14.00D	(8)		(9)	(10)
14.25–20.00D					14.25–20.00D				
≥ 20.25D					≥ 20.25D				

Single Vision					Multifocal		Fee					
Prisms (per lens)							HES Voucher 11					
Tint / photochromic (per lens)							HES Patient Charge*					
U19, non-stock supplement (per frame)							Complex lens voucher (single vision)					
Small Frame Supplement (per frame)							Complex lens voucher (multifocal)					
Repair & Replacement (£)	1	2	3	4	5	6	7	8	9	10	11	
One lens												
Two lenses												
Front of frame		Side of frame				Whole Frame						
Small frame: Front		Side of frame				Whole Frame						

*Where a Consultant Ophthalmologist deems that a patient has a clinical need for contact lenses, the patient must contribute up to the 'HES patient charge' per lens. The HES will cover the remaining costs

The highest spherical power of the spectacle prescription and form of the lens determines the value of the voucher. If a GOS 3W form is presented for dispensing and the prescription is not written in the form which gives the highest spherical power, the prescription should be transposed. If the transposed prescription provides a higher-value voucher and benefits the patient, the voucher type should be amended on the GOS 3W claim form and annotated with "FPN 713".

Vouchers 1 to 5 are for single vision optical appliances; 6 to 10 are for bifocal / multifocal optical appliances. Prism controlled bifocal lenses are classed as voucher 9 in all cases, regardless of the distance or reading power.

HES Voucher 11 will be issued by a hospital. This voucher covers appliance prescribed by a Health Board / hospital that does not fall under any of the categories 1 to 10.

VOUCHERS FOR MULTIFOCALS AND COMPUTER LENSES

The value of the voucher is determined by what spectacle prescription the patient requires rather than the appliance they choose e.g. if a patient requires a distance correction and a near addition, they can have either two pairs of glasses or one pair of bifocals/multifocals and you can issue two single vision vouchers or one multifocal voucher.

The voucher value for a bifocal/multifocal lens is determined by the distance prescription only; the reading addition is ignored, except when the addition is more than 4 dioptres greater than the distance portion. In this instance the higher voucher value (distance / near) can be claimed.

If a patient only requires a reading prescription (i.e., the Patient and/or Optometrist deems that the distance prescription is insignificant) and requires bifocals/multifocal lenses or an occupational lens, you can issue a multifocal voucher.

Anti-fatigue lenses are considered multifocals and therefore can be claimed using a voucher 6-10.

If a patient wishes to have lenses with a longer or shorter working distance (as different from a what may be expected a comfortable reading working distance) this is a reasonable claim. However, it is not possible for them to also have regular reading lenses (the voucher can only be used for a distance and one near prescription) and it should be clearly explained to them that they will not be able to have another voucher for another working distance.

VOUCHERS FOR CONTACT LENSES

A voucher can only be issued for disposable or planned replacement contact lenses if the **spectacle** prescription has changed.

Disposable or planned replacement contact lenses do not entitle a patient to a voucher on the grounds of fair wear and tear.

The patient may use their voucher towards the cost of contact lenses. A voucher can be used in lieu of payments for regular replacement lenses.

Complex Lenses



A complex lens voucher is not a supplement – it can only be claimed in isolation, but with a tint or prism supplement if clinically necessary.

A complex lens voucher can be issued to a patient if they meet the following criteria:

1. They have a spectacle prescription of 10 dioptres or more, or require prism-controlled bifocals

2. There has been a significant change in prescription or their current optical appliance are unserviceable.
3. They are not eligible for help with the cost of an optical appliance on any other grounds.

Supplements for prisms and tints, if clinically necessary can be claimed in addition to the complex lens voucher.

Back Vertex Distance (BVD) adjustments

If the spectacle prescription needs to be altered as the frame being dispensed sits at different back vertex distance to that recorded at the time of the WGOS 1 Eye Examination, the GOS 3W or HES 3 form should be annotated with the words 'BVD change' in the margin. If the change requires a higher voucher band, the GOS 3W or HES voucher form should be annotated accordingly.

Lens Supplements



A tint or prism is a supplement to a necessary prescription.

Supplements should only be provided if there is a clinical need.

The tint supplement must be prescribed by the Optometrist / OMP conducting a WGOS 1 Eye Examination / private sight test. It cannot be added to the voucher at the time of dispensing.

The child non-stock lens supplement can be claimed at the time of dispensing for all eligible patients with a qualifying spectacle prescription to improve the cosmetic appearance of the spectacles.

If a patient is found to require a tint or a prism for clinical reasons during a WGOS 1 Eye Examination and is eligible for an optical appliance funded by NHS Wales (including a complex voucher), an additional supplement can be included on the voucher issued. Such supplements can only be prescribed by the Optometrist / OMP who have performed the WGOS 1 Eye Examination and only when they are prescribing a powered lens (i.e. tints and prisms for bilateral plano single vision lenses are not eligible for NHS Wales funding). They cannot be added to the voucher at the time of dispensing. The voucher issued must correspond to the power of the prescription plus the tint or prism supplement.

TINTS

- The clinical reason for the tint should be noted on the clinical record e.g. symptoms, test results or clinical findings. Tints must not be prescribed simply because the patient "has had them before" or requests a tint for cosmetic reasons.

- If a tint has been prescribed as clinically necessary and photochromic lenses would be suitable, then the spectacles may be dispensed with photochromic lenses and the tint supplement claimed.
- Anti-reflection coatings and ultra-violet blocks are not considered to be tints under WGOS.

PRISMS

- The reason that prism is required should be evident on the clinical record.
- If the dioptric prescription would typically be insignificant but a prism is clinically necessary, a voucher may be issued including a prism supplement.

If the Supplier operates an 'all inclusive' charging policy (i.e. no additional charges made for tints and prisms), as long as the patient has been supplied with the correct appliance (including the prism or tint as appropriate) and the retail price of the complete appliance equals or exceeds the value of the voucher including any supplements, then the Supplier is entitled to claim the full voucher value.

CHILD NON-STOCK LENS SUPPLEMENT

To provide a better cosmetic appearance, children who require a spectacle prescription that is between 4.00 and 6.00D (inclusive), are eligible for a 'Child Non-Stock Lens Supplement'. This supplement should be prescribed by the Optometrist / OMP who has performed the WGOS 1 Eye Examination. The supplement can be claimed if there is evidence to demonstrate that the patient has received a lens that improves the cosmetic appearance e.g., surfaced lenses, smaller blank sizes, higher index lenses etc.

This voucher can be issued by a hospital or a WGOS provider.

Frame Supplements



A Small Frame Supplement or Special Facial Characteristic Supplement is only valid if the requirements below are met.

The Supplier should verify the measurement of the frame and record this information on the dispensing records.

All alterations that have been made to the frame should be noted on the dispensing records.

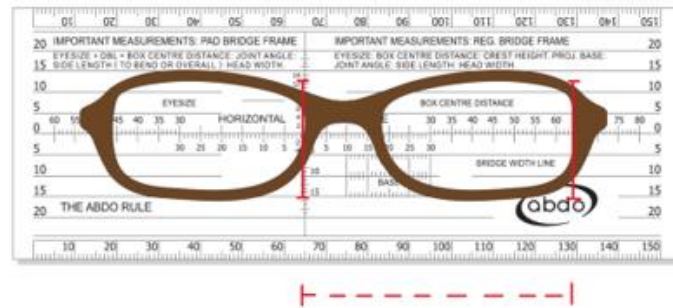
SMALL FRAME SUPPLEMENT

A small frame supplement can only be claimed if the optical appliance supplied meets the following two conditions:

- Has a frame with a boxed centre distance (see diagram below) of not more than 55mm, and

- Is either a frame which have been designed with appropriate modification (e.g., supplied with alternative frame parts requiring practice assembly) or a stock frame requiring significant adaptation (more than regular frame adjustments) to ensure a satisfactory fit

**Diagram to demonstrate how to measure Box Centre Distance of a frame
(with permission from and thanks to**



The Contractor has a responsibility to ensure that the appliance supplied meets the small glasses criteria. It should not be assumed that the manufacturer's dimensions are accurate.

Extensive adaptation can apply to the frame or the lenses. Evidence of adaptation should be annotated on the patient's record. The orders for the frame, lenses and/or modification should be retained as evidence.

The supplement is payable in addition to the appropriate voucher(s).

If a frame needs to be repaired or replaced, the supplement is also payable in addition to a repair or replacement voucher. The claim should be the lower of the retail price of the spectacles / repair, or the sum of the voucher and the supplement.

SPECIAL FACIAL CHARACTERISTICS SUPPLEMENT

If any patient who is eligible for a NHS funded optical appliance requires a special spectacle frame to be custom made or specifically adapted on account of their facial characteristics, a Special Facial Characteristics Supplement can be issued to help towards the cost. The specialist frame must be provided for clinical need rather than choice. The supplement is payable in addition to the appropriate voucher. This voucher can be issued by a hospital or a GOS provider.

If a frame needs to be repaired or replaced, the supplement is also payable in addition to a repair or replacement voucher. The claim should be the lower of the retail price of the spectacles / repair, or the sum of the voucher and the supplement.

Claiming



The Supplier must keep accurate records of the optical appliances supplied under WGOS and voucher regulations.

The patient can redeem an NHS voucher as a grant towards spectacles or contact lenses at the supplier of their choice.

The Supplier must claim the lower of either the appropriate voucher value or retail price and the patient can choose how they use the voucher.

Vouchers should be regularly submitted for payment.

- To claim for spectacles/contact lenses that have been issued via WGOS, a GOS 3W form should be completed
- The Contractor can claim the lower of either the appropriate voucher value or retail price.
- If a patient pays for disposable or planned replacement contact lenses by instalments, a GOS 3W voucher may be accepted in lieu of several payments up to the value of the voucher
- Completed GOS 3W claims should be submitted to NWSSP at regular intervals for payment and within 3 months of the date of collection of the spectacles / contact lenses
- If a patient has committed to a contract for the supply of disposable or planned replacement contact lenses, the voucher for payment can be submitted once the first set of lenses has been collected

HC3 CERTIFICATES

- If the patient's contribution (shown in Box B on the HC3 certificate) is more than the WGOS Optical voucher that they are entitled to, the patient is unable to have any help towards the cost of their spectacles / contact lenses
- Where the patient is eligible for partial help, the value of the voucher being issued is reduced by the patient's contribution (shown in Box B on the HC3 certificate)

UNCOLLECTED SPECTACLES / CONTACT LENSES

It is reasonable for a Contractor to submit a claim for a voucher in respect of uncollected appliances three months after the spectacles / contact lenses were ordered. It is considered good practice, but not a requirement of the Terms of Service or the GOS regulations for the Contractor to ensure that a record exists to demonstrate that the patients have been notified. NWSSP considers it reasonable to make at least two attempts to contact the patient.

Where the patient fails to collect their spectacles or contact lenses, the Contractor should claim for the spectacles or contact lenses at the retail price or the appropriate voucher value, whichever is the lower. The GOS3 W claim form should be annotated with the words 'spectacles/contact lenses uncollected' and the date the form is submitted.

If a patient passes away before collecting the spectacles or contact lenses, the Contractor should annotate the GOS 3W with the words 'patient deceased'. The form should be dated to represent the date at which the claim is being made i.e. date of submission.

REGLAZING LENSES INTO AN EXISTING FRAME

When re-glazing an eligible patient's frame with a new prescription, you should claim the appropriate voucher value or your normal retail price to private patients for the supplying and fitting of the lenses, whichever is the lower.

If only one lens is re-glazed, the appropriate voucher value or the private retail price for that lens should be claimed, whichever is the lower.

Repairs and Replacements



Approval from NWSSP is required to repair / replace an adult's pair of spectacles.

A repair / replacement voucher cannot be used to repair / replace contact lenses.

A Supplier should only claim for the parts necessary to repair/replace the spectacles.

The Supplier should keep dated records of what has been repaired/replaced.

The Supplier may only repair/replace the most recent pair of spectacles.

Spare or second pairs authorised by NWSSP or prescribed by HES are eligible for repairs / replacement.

Eligibility

- The following patients are entitled to repairs or replacements on their most recent NHS funded spectacles, in consequence of loss or damage without the prior consent of the NWSSP:
 - Children under the age of 16
 - Full time students aged 16, 17 or 18
 - Care leavers under the age of 18
 - Under 18 and are in the care of a Local Authority
- All other patients are only eligible for repairs or replacements on their most recent NHS funded spectacles if they are still eligible for NHS funded spectacles and with prior approval from

NWSSP by emailing nwssp-primarycareservices@wales.nhs.uk with the patient details, exemption reason and medical reason for loss/damage

- A GOS4 W form for a second pair of spectacles cannot be submitted at the same time as a GOS3 W form. GOS 4W forms can be used to repair or replace the current spectacles and not older pairs. A new prescription justifies a GOS3 W form
- Where a patient has a second pair of spectacles that has been authorised by HES or NWSSP, both pairs can be repaired
- Where spectacles are covered by an insurance policy or manufacturer's warranty, a WGOS claim for a repair / replacement is not permitted
- A GOS 4W cannot be used for minor repairs for which the Supplier would not normally charge
- A GOS 4W cannot be used to repair / replace contact lenses

Claiming

Repairs and replacements for eligible patients can be made by completing a GOS 4W claim form.

When completing a GOS 4W the Contractor **must** ensure that:

- The patient's eligibility for a repair or replacement is checked before making a claim
- The repair or replacement is based on a valid prescription
- Dated records are kept of repairs or replacements for which vouchers are claimed, indicating which pair of spectacles that are being repaired or replaced and the reason for the repair or replacement e.g. spectacles lost, frames damaged beyond repair
- The GOS 4W form is annotated with the reason for repair / replacement
- They claim the lower of the retail price of the repair / replacement or the repair & replacement voucher for the item(s) that they have repaired / replaced

If the claim is for repairing / replacing a pair of spectacles for an adult (aged 18 and over) that has been pre-approved by NWSSP, the claim and record must include the approval action point call number.

Spare Pairs



No patient is automatically entitled to a spare pair of spectacles.

A Performer or Supplier can request a spare pair for a patient by contacting NWSSP

If a spare pair is approved a GOSW 3 should be used to make the claim.

A GOSW 4 may be used for repairs of a main or a spare pair

Eligibility

No patient is automatically entitled to a spare (second) pair of spectacles to the same prescription. A Performer or Supplier may request permission from NWSSP to supply a second pair of spectacles. NWSSP will consider each case on its own merit and in exceptional circumstances, NWSSP can authorise the supply of a second pair of spectacles. Exceptional circumstances could include the strength of the patient's lenses, the nature of any medical condition and, in the case of children, their age and evidence from a parent.

Patients currently under the care of HES for their sight test / refraction are not eligible for a spare pair under WGOS. If a patient under the care of the HES for their sight test / refraction requires a spare pair, they should be directed to the HES.

Process

The registrant completes an online [form](#). NWSSP Optometric Advisors review the application. If the application is approved, a uniquely coded GOS 3W form is issued to the Contractor by NWSSP.

Once the patient has collected their Spare Pair, the uniquely coded GOS 3W form should be claimed in the same way as a 'normal' GOS 3W.

NOTE If a patient is approved to have a spare pair on one occasion, this does not automatically mean that they will be entitled if and when another application is submitted.

Vouchers issued by the Hospital Eye Service



Eligibility for vouchers issued by the HES is the same as for WGOS Vouchers.

The Supplier must ensure that the patient is still eligible at the point of dispensing the optical appliance.

The values of HES voucher categories are the same as WGOS vouchers.

HES vouchers cannot be transposed, but amendments relating to BVD can be made.

Claim forms are sent to Hospital for approval and not NWSSP.

Patients under the care of the HES for their sight test / refraction are not eligible for a spare pair under WGOS.

ELIGIBILITY

HES vouchers are issued by the Hospital to eligible patients.

ISSUING

Patients who have a sight test / refraction performed at the HES may be given a HES (P) form which details their spectacle prescription. If the patient is eligible for help towards the cost of their spectacles / contact lenses, they will be issued with a HES 3 form.

If the patient has a sight test as part of the management of their condition at the HES and the prescriber deems that lenses are clinically required, but the patient is not eligible for a WGOS voucher, the patient may benefit from the maximum charge arrangements. Patients who wish to take advantage of these arrangement will be asked, where appropriate to opt for dispensing within the HES or at an optometry practice which has been contracted to provide the service.

CHOOSING THE CORRECT VOUCHER VALUE

Unlike WGOS vouchers (and GOS vouchers issued in England, Scotland and Northern Ireland), prescriptions from the Hospital Eye Service (HES) must not be transposed and should be claimed based on their original format. The Contractor can contact the prescriber who may agree to issue a new HES3 with a revised prescription if this would provide a higher value voucher and benefit the patient.

Where the patient is entitled, a GOC registrant may add the Child's Non-stock Lens Supplement at the point of dispensing.

You should annotate the HES3 form with the words 'BVD change' in the margin, if you have to alter a prescription because of a change in the back vertex distance. If the change requires a higher voucher band, you should annotate the HES voucher form accordingly.

CLAIMING

To claim a voucher issued by the Hospital Eye Service, the Supplier must send them to the issuing Hospital for authorisation.

REPAIRS AND REPLACEMENT

Patients whose NHS funded spectacles were obtained via a HES3 form may under certain circumstances claim a repair under WGOS (please refer to Repair and Replacement section).

Where, exceptionally, the HES has issued two pairs of the same prescription they may, if necessary, both be repaired.

SPARE PAIRS

Normally, if the HES considers a second pair is appropriate, the HES will bear the cost of the voucher. Patients under the care of the HES cannot apply for a second pair of spectacles funded by WGOS.

GOS Vouchers issued elsewhere in UK

Where a patient has received an NHS funded sight test elsewhere in the UK and is eligible for help towards the cost of their optical appliance, they will be issued a GOS 3 voucher from that nation. This GOS 3 voucher should be treated in the same way as a WGOS Optical Voucher in all regards to the advice in the sections above. It is expected that the voucher is adapted and annotated accordingly to WGOS Optical Voucher guidelines, relating to:

- Voucher type
- Claiming fee
- Processing the claim

CHOOSING THE CORRECT VOUCHER VALUE

Where the patient is entitled, a GOC registrant may add the Child's Non-stock Lens Supplement at the point of dispensing.

CLAIMING

The GOS 3 voucher should be processed in the same way as a GOS 3W voucher.

REPAIRS AND REPLACEMENT

Please refer to Repair and Replacement section.

SPARE PAIRS

Please refer to Spare Pairs section.